

Palliative Care and Hospice Care

[VIDEO TRANSCRIPT]

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Hello my name is doctor Anne Dabrow Woods and I'm the chief nurse of Wolters Kluwer and this is from the desk of the chief nurse. And joining me today is Lisa Bonsall, she's a nurse practitioner as well as the senior clinical editor for Nursing Center. Hi Anne thanks for having me here today. Well thanks for being here Lisa. Today we wanted to talk about the whole concept of palliative care and hospice care. Now I've been a nurse for over thirty years, I know you've been a nurse for over twenty years and back in the day when we first started nursing we didn't see patients living as long with very serious and complex illnesses that we're seeing today so these whole concepts of palliative care and hospice care are becoming really really important, but there is a difference between them. So Lisa let's talk a little bit about what is palliative care. Palliative care really is an interdisciplinary approach to someone with a serious illness at anytime in the course of their disease. Ideally, you'd like to institute palliative care at the time of diagnosis. It's not always possible if you're not seeing the patient when they're diagnosed, but as soon as you can start it, you want to. Because you're focusing on their quality of life, you're looking at relieving symptoms, relieving pain, managing complex issues. And if you know you can work together as a team with the patient to meet those goals that they've identified, you've worked together to identify as a team, that's what palliative care is. Well I absolutely agree with you and I have to say within my own personal experience my mom was diagnosed with lung cancer a few years ago and she ended up dying from it. But one of the first things we did when she was diagnosed with it was get a palliative care consult because they brought in the whole interdisciplinary team. So there was physical therapy there to work with her, as well as people that were in charge of pain management, and nursing care and it really helped to ease the burden for us as a family. But it also helped to really improve her quality of life at the time.

Now she did eventually go on to need hospice care and she did die but the transition was very easy because we had already instituted the palliative care consult for her. And in my own experience as a critical care nurse practitioner, palliative care with some of these really sick patients in the ICU or if they're in the hospital is really really important because they really add a wealth of information to how we're managing patients and can manage them better and manage their pain better than ever before. But one of the things that's so important is to make sure patients know and are aware of the fact do they have an advance directive and if not, what do we need to tell them about that? When you start palliative care you definitely need to ask about advance directives and if somebody doesn't have one you're gonna want to give them this education about it because it's an important piece of information for the people taking care of this patient. So an advanced directive really guides the future care so if you can have this conversation with your healthcare provider, with your family about what your end-of-life wishes are before it's the end of your life, it makes for a much better transition. If you know, you know, your own feelings about certain interventions and have that conversation, when you get to the end of your life, if you're not able to make those decisions on the spot, people will know your wishes and that's so important because when questions arise it can be really tricky to give patients the death that they deserve. Absolutely agree with you and so many times I see a patient will develop a very, you know, will have a terminal illness and will be brought into the emergency department. They get admitted to the ICU and they haven't had that discussion about their advanced directive and what they really want and then it ends up being the intensive care staff that's having that discussion when really the discussion should be taking place way before you know they're in this critical illness period of time. And unfortunately, then we start having to speak to them about hospice care but actually hospice care discussion should take place way in advance if they certainly have a terminal illness. So let's talk a little bit about hospice care and what makes it different from palliative care. So with hospice care you're continuing that interdisciplinary approach but now you're looking at the patient who has a prognosis of six months or less. So your focus changes a little bit, you're still working as a team but your goals are a little bit different, comfort care, pain relief,

reducing physical and mental stress. This is not a patient who's undergoing curative treatment anymore.

This is somebody who you're helping through the dying process and helping them to die with dignity. Well

I think you bring up a really good point, the fact that some of the things we focus on for palliative care is

exactly what we focus on for hospice care. That whole idea of making sure the patient is comfortable

reducing their psychological and physiological stress and really being able to manage these complex

symptoms and you really need to have someone who's specialists in that area really helped not only the

patient but also the family in dealing with it. So definitely hospice care can really add to the comfort of the

family when the patient is actively dying and as I said before when my mother had died, it was

really, really helpful to have that hospice team in place so I didn't have to be the nurse. I was the daughter

and that's the role that you need to take in those situations when you are a nurse. I agree and I'm glad

that things worked out the way they did for that transition for your mom and for you. Well thank you. So in

conclusion, we as nurses need to be advocates for their patients. First of all, if a patient doesn't have an

advanced directive we need to make sure that they get an advance directive and they understand what

that entails. But we also need to make sure that our patients who have very serious illnesses and chronic

illnesses have access to this whole idea of palliative care because it will help to make their experience

that much better. And for our patients who have terminal diagnosis we need to make sure they have

access to hospice care so that they can experience a good death which is what every patient and person

deserves.

Thank you very much. Thanks Anne.

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